**Catquest-9SF 2011 Questionnaire**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The aim of this questionnaire is to establish what difficulties you have in your daily life due to impaired sight.

The questionnaire contains questions about your difficulties due to impaired sight in connection with certain everyday tasks. If you use glasses for distance and/or close-up purposes, the questions are about what it is like when you use your best glasses.

The questions in this questionnaire apply to your situation during the past 4 weeks.

**When you answer the questions** you must try to think only of the difficulties that your sight may be causing you. We appreciate that it may be difficult to decide just what your sight means to you if you also have other problems such as joint pains or dizziness for example. We would still ask you to try to answer how important you think your sight is in your ability to perform the following tasks

1. **Do you find that your sight at present in some way causes you difficulty in your everyday life?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes, verygreat difficulty[ ]  | Yes, great difficulty[ ]  | Yes, some difficulty[ ]  | No, no difficulty[ ]  | Cannot decide[ ]  |
|  |  |  |  |  |

1. **Are you satisfied or dissatisfied with your sight at present?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very dissatisfied[ ]  | Fairlydissatisfied [ ]  | Fairlysatisfied[ ]  | Verysatisfied[ ]  | Cannot decide[ ]  |

1. **Do you have difficulty with the following activities because of your sight?**

**If so, to what extent? In each row place just one tick in the box which you think best corresponds to your situation.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes, verygreat difficulty | Yes, great difficulty | Yes, some difficulty | No, no difficulty | Cannot decide |
| Reading print in newspapers | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Recognising the faces of people you meet | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Seeing the prices of goods whenshopping | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Seeing to walkon uneven surfaces,e.g. paving | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Seeing to dohandicrafts,woodwork etc. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Reading subtitles onTV | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Seeing to engagein an activity/hobbythat you areinterested in | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| During at night/ glare | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |